

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42652

1. PLACE OF DEATH

County Registration District No. 391
 Township St. Louis Primary Registration District No. 1108 File No.
 City St. Louis No. McBaptist, Santarum St. Registered No. 12434
 (Usual place of abode) (If nonresident, give city or town and State)

2. FULL NAME

Roris J. Halthausen (Baby)
 (a) Residence. No. 4410 Dec. Av. St. 18 Ward.
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 20, 1929</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, <u>2</u> hrs. or <u>—</u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Clarence Halthausen

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Bengener

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

14. INFORMANT Clarence Halthausen
 (Address) 4410 Dec. Av.

15. FILED DEC 21 1929 Max E. Walker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 20 - 9:15 P.M. 1929, to Dec 20, 1929.
 that I last saw her alive on Dec 20, 1929, and that death occurred, on the date stated above, at 11 P.M. 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intercranial Bleed Injury
Asphyxiation

(duration) yrs. mos. ds.
 CONTRIBUTORY Breach Extension
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 15110
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Melvin Roblee, M. D.
 , 19 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Tickers Cemetery DATE OF BURIAL 12-21-1929
 20. UNDERAKER Greg Hauer ADDRESS 4104

Greg Hauer
Mr.

WRITE PLAINLY, WITH UNFADING INK--- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

